

## **Comparison of Institutional Aspects in Handling COVID-19 in Taiwan and Indonesia**

### **Perbandingan Aspek Kelembagaan dalam Penanganan COVID-19 di Taiwan dan Indonesia**

**Neneng Heryati<sup>1</sup>**

<sup>1</sup>Directorate General Teachers and Education Personnel, Ministry of Education, Culture, Research and Technology, Indonesia  
Corresponding author: [nenengnenengheryati@gmail.com](mailto:nenengnenengheryati@gmail.com)

#### ***Abstract***

*World Health Organization(WHO) declared COVID-19 a global pandemic. It is important to consider government policies in handling COVID-19. Taiwan is a country that has succeeded in implementing policies to address COVID-19. Meanwhile, Indonesia still has to struggle in dealing with COVID-19, which until now is still increasing. Comparison between Taiwan and Indonesia in handling COVID-19 in institutional relations has similarities and differences. The policies taken by the governments of Taiwan and Indonesia are similar from an institutional perspective, namely by jointly forming a task team that involves several institutions and resources. While the difference is that in Taiwan, the command and coordination of inter-agency relations for handling the COVID-19 outbreak are under the control of the Minister of Health and Welfare. In contrast, in Indonesia, the Task Force for the Acceleration of Handling COVID-19 is led by the Head of the National Disaster Management Agency (BNPB). There is still an asymmetry in authority, institutional relations, and regulations in handling the COVID outbreak in Indonesia, so new rules and disaster management institutions are needed.*

**Keywords:** *COVID-19, policy, institution, comparison, regulation*

#### **Abstrak**

World Health Organization (WHO) menetapkan COVID-19 sebagai pandemik global. Penting untuk mempertimbangkan kebijakan pemerintah dalam penanganan COVID-19. Taiwan termasuk negara yang berhasil dalam menerapkan kebijakan dalam penanganan COVID-19. Sedangkan Indonesia masih harus berjuang dalam menangani COVID-19 yang hingga saat ini yang masih meningkat. Perbandingan antara Taiwan dan Indonesia dalam penanganan COVID-19 dalam aspek hubungan kelembagaan ada persamaan dan perbedaan. Persamaan kebijakan yang diambil pemerintah Taiwan dan Indonesia dari sisi kelembagaan, yaitu dengan sama-sama membentuk tim tugas yang melibatkan beberapa lembaga dan sumberdaya di dalamnya. Sedangkan perbedaannya di Taiwan komando dan koordinasi hubungan antar lembaga untuk penanganan wabah COVID-19 di bawah kendali Menteri Kesehatan dan Kesejahteraan sedangkan di Indonesia Gugus Tugas Percepatan Penanganan COVID-19 di pimpin oleh Kepala Badan Nasional

Penanggulangan Bencana (BNPB). Masih adanya ketidaksinkronan kewenangan, hubungan kelembagaan dan regulasi dalam penanganan wabah COVID di Indonesia sehingga perlu regulasi baru dan penataan lembaga kebencanaan.

**Kata kunci:** COVID-19, kebijakan, kelembagaan, perbandingan, regulasi

## **Introduction**

Plague Corona Virus Disease 2019 (COVID-19) hit most countries, and WHO declared it a global pandemic. Based on WHO data on June 11, 2020, as many as 216 countries are currently affected by the COVID-19 outbreak, with 7,145,539 cases and 408,025 deaths (WHO, 2020). This moment of the COVID-19 outbreak proves how the governance performance of leaders and the bureaucracy of public institutions of each country is in handling the COVID-19 outbreak. Among these countries, Taiwan is one of the countries that is effective in dealing with the COVID-19 outbreak; conversely, America is a country that is bad at responding to and handling the COVID-19 outbreak (Dalgish, 2020).

Get to know Taiwan at a glance, which has the official name of the Republic of China. Its area is small, only 36,197 square kilometers, slightly larger than the area of West Java Province, which is 35,378 square kilometers. Taiwan has three autonomous regions: Keelung City, Hsinchu City, and Chiayi City. Taiwan also has six special municipalities and 13 counties, two small islands outside Formosa's large island. The population of Taiwan is 23.59 million, based on 2018 census data. In Taiwan, the predominant ethnicity is the Han Chinese, 95% of whom occupy the Formosa Islands, as many as 2% are indigenous Malays and Polynesians, and 2% are newcomers, especially from China and Southeast Asia, including students and migrant workers. In terms of governance, Taiwan operates a multi-party democracy that began in 1987. The current President of Taiwan is Tsai Ing-wen. The capital of Taiwan is Taipei City. The national currency in Taiwan is the New Taiwan Dollar. The language used in Taiwan is mostly Mandarin; currently, B. Indonesia is starting to be taught because there are a lot of workers from Indonesia. The main religions in Taiwan are Buddhism, Taoism, Chinese traditional religion, Christianity, and Islam.

Based on the 2018 census, the population structure of Taiwan is 14.56% for 65 years and over, 12.92% for 0-14 years, and 72.52% for 15-64 years. Very young age is

minimal and almost similar to the situation in Japan, where the population is reluctant to settle down and unwilling to have children at a productive period. Taiwan's birth rate and death rate are relatively balanced; namely, the birth rate is 7.66 (per 1,000 people), and the death rate is 7.32 (per 1,000 people), so the population is stagnant. This impacts the convenience of immigration policies, such as the ease of obtaining Taiwan citizenship while still having to meet several requirements, such as having lived in Taiwan for a long time and mastering Mandarin. Life expectancy in Taiwan averages 80.4 years, 83 years for women, and 77 years for men. High life expectancy illustrates how government policies regarding the quality of health services and the distribution of food and medicines are paid close attention to. Taiwan consists of five state institutions, namely:

1. Executive Yuan, tasked with formulating and implementing policies.
2. Legislative Yuan, tasked with reviewing and enacting legislation, holding hearings on policy matters, examining budget bills, and implementing government.
3. Examiner Yuan is in charge of managing the community service system.
4. Judicial Yuan is in charge of overseeing the national court system.
5. Superintendent of Yuan, tasked with doubting and criticizing officials and auditing government institutions.

Taiwan implements a democratic system, where there are related state institutions that check and balance each other to ensure that there is no absolute state institution that controls everything in government policy. Democracy in Taiwan runs, for example, direct presidential and regional head elections, which run democratically.

Next, Indonesia, including developing countries, is an archipelagic country consisting of 17,504 islands with an area of 1,904,569 square kilometers. The total population of Indonesia from the 2018 census was 270.05 million people. Indonesia has more than 700 ethnic groups. Islam is the religion of the majority of Indonesia's population. The language used as the national language is Indonesian. The currency is the rupiah with the capital city of Jakarta. Indonesia is a unitary state that adheres to a democratic system by adopting a multi-party approach and is led by a president. Indonesia has three institutions of power: the executive, legislative, and judiciary. The executive branch consists of a president, who ministers assist. The legislative body comprises the People's Consultative Assembly and the People's Representative Council, which act as the people's representative institutions. Institution The judiciary is carried out by

institutions that carry out judicial functions, such as the Supreme Court, the Constitutional Court, and the Judicial Court.

### **Discussion**

It is interesting to examine the comparison of policies undertaken by the governments of Taiwan and Indonesia in handling the COVID-19 pandemic regarding institutional relations. It was considering that currently Taiwan has succeeded in dealing with the COVID-19 pandemic, and Indonesia is still struggling hard to contain the rate of transmission and the increasing number of sufferers of COVID-19. How Taiwan handled this COVID-19 outbreak, starting from the confirmation of the first COVID-19 sufferer in Taiwan until there were no additional cases of COVID-19 sufferers. Taiwan can deal with the COVID-19 pandemic; beginning at the end of May 2020, life in Taiwan has returned to normal.

The emergence of the news that COVID-19 first occurred in Wuhan, China, and began to spread globally made the Taiwan government very anticipatory. Why is Taiwan swift in dealing with COVID-19? This is due to the status of Taiwan so far, which is only part of China. China recognizes the special autonomy granted to Taiwan. Taiwan is aware from the start that its existence is not recognized, so the implication is that if Taiwan suffers from the COVID-19 pandemic, Taiwan as a state has been neglected by WHO. Taiwan autonomously works alone to overcome COVID-19. In addition, Taiwan has an aging society, so Taiwan has to seriously deal with it because the population is limited, and the elderly are more numerous and vulnerable. This raised Taiwan's alertness to the problem of the COVID-19 outbreak. Then, Taiwan also learned from the SARS case in 2003. At that time, many died in Taiwan. So that this lousy condition does not want to happen again. 95% of Taiwan's population comes from ancestors in China, so many Taiwanese people commute for various purposes to China, including to Wuhan. So Taiwan has a cultural closeness with China. Geographic proximity and high trading volume between Taiwan and China allow for an increased spread of the COVID-19 outbreak (Wang et al., 2020).

According to Wicaksana (2020), several policies were carried out by the Taiwanese government in handling COVID-19. Policies pursued include inter-administrative and institutional coordination,

- On December 31, 2019, Taiwan sent a team of doctors to begin studying the
- situation and how the COVID-19 case was transmitted in Wuhan, China.
- On January 2, 2020, Taiwan started work on handling COVID-19 by creating a team at the Disease Control centerThe Taiwan Centers for Disease Control (CDC), a particular government unit with a special group formed to investigate the outbreak of the COVID-19 epidemic in Wuhan, China.
- On January 20, 2020, the Taiwan government formed Central Epidemic
- Command Center (CECC) was established to integrate administrative resources, academics, medical personnel, and the private sector to carry out countermeasures dealing with COVID-19. The head of the CDC becomes the lead agency of the CECC. Taiwan haslevellinghandling of COVID-19. On January 20, 2020, Taiwan categorized the COVID-19 case at level 3. Level 3 indicated that the COVID-19 case in Taiwan had become severe, and the surveillance was intensive.
- On January 21, 2020, the first case of a patient with the novel coronavirus pneumonia (NCP), officially named COVID-19, in Taiwan was identified (Cheng et al., 2020).
- On January 23, 2020, Taiwan upgraded its COVID-19 status to a level.
- 2. The CECC was taken over by the Minister of Health and Welfare (The Minister of Health and Welfare) so that the authority is transferred to be directly under the Minister of Health and Welfare as the commander to coordinate and mobilize resources from a cross-ministry perspective as well as the private sector to fight COVID-19. Every day the Minister of Health holds a press conference explaining the progress of the COVID-19 case, how many confirmed cases, and how to handle them so that distortion of information in society can be suppressed so that people are not restless. There is no impression that government policies are in a hurry and not slow. Information on COVID-19 is sourced directly from the CECC and then published on its official website via the Centers for Disease and Prevention website. If there is news related to COVID-19, monitoring will be carried out. Monitoring is done by looking at the validation of the information. Is there misinformation or

multiple interpretations that can mislead the public? If it is proven that the data is inappropriate, then it will be processed and resolved.

- On February 27, 2020, Taiwan upgraded its COVID-19 status to a level
- 1, be on full alert, and the number of sufferers of COVID-19 is increasing. At that time, the COVID-19 outbreak was not only in Wuhan, China but also the WHO had declared COVID-19 a global epidemic. The Prime Minister still appoints the Minister of Health and Welfare as the commander in handling to fight against COVID-19.
- On May 18, 2020, out of 440 cases of COVID-19, 402 people recovered, 38 under monitoring were quarantined at the hospital, and seven people died. Life in Taiwan has started to be expected while still paying attention to health protocols, such as washing hands, keeping your distance, and not crowding.
- The structure of the CECC institutional relationship formed by the Taiwan government in handling COVID-19 is shown in the chart below.
- 

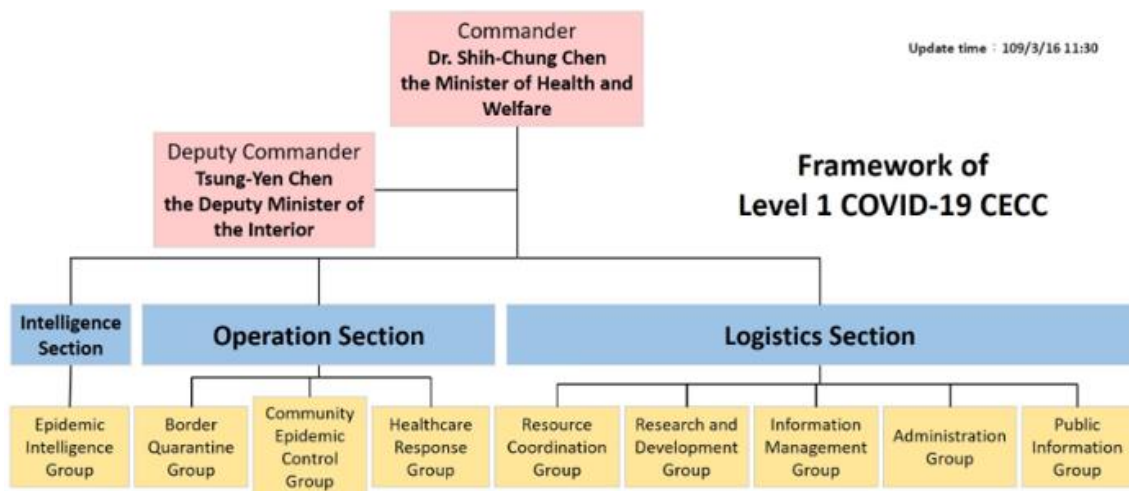


Figure 1. CECC Structure Chart  
Source:<https://www.cdc.gov>.

It can be seen that there is a relationship between institutions, and each institution has its duties in handling COVID-19. The Minister of Health and Welfare is the supreme commander in handling COVID-19. The Minister of Health and Welfare is in charge Deputy Commander held by the Minister of Home Affairs. The Minister of Health

and Welfare also directly supervises three sections. Every sections supervising one or more groups.

1. Intelligence Section includes:

- Epidemic Intelligence Group, to research and study the plague.

2. Operations Section includes:

- Border Quarantine Group, how do people get in and out of the border. What policies did the Taiwan government adopt regarding border areas and immigration agencies when there were first cases of COVID-19 in Wuhan Access to and from Wuhan was immediately closed in January 2020.
- Community Epidemic Control Group, such as social distancing.
- Healthcare Response Group, one of the essential keys regarding public health service quality is excellent and cheap health insurance.

3. Logistics Section includes:

- Resources Coordination Group, resource coordination.
- Research and Development Group campuses are involved and empowered for research related to COVID-19.
- Information Management Group is developing a tool to detect whether someone has COVID-19.
- administration group
- Public Information Group

Taiwan has three pieces of legislation that support each other in handling COVID-19, namely:

1. The Communicable Disease Control Act(The Communicable Disease Control Act) was established to prevent and control infectious diseases. In addition, if there is an infectious disease causing a significant impact on national security, social economy, and human health or burdening the health system, the Enforcement Rules of Disaster Prevention and Protection Act(Disaster Prevention Enforcement Regulations and Protection Act) may apply to the matters mentioned above and related matters.
2. According The Communicable Disease Control Act, The CDC categorized. COVID-19 as a Category 5 infectious disease on January 15, 2020, to strengthen surveillance and management of Covid -19. This requires public and medical facilities to pay

attention to the COVID-19 protocol and take the necessary precautions to reduce the risk of transmission.

3. In addition, special measures for prevention, through assistance and revitalization for handling COVID-19 starting on February 25, 2020, to respond to the impact of the crisis from the outbreak. Economic stimulus carried out in the form of assistance such as:

- tax deduction
- reduction of working hours for low-income workers
- cash assistance, in Taiwan, there are also problems with its distribution. People who will receive service are recorded and informed to come directly to related government offices and show identification then aid is paid. When they had to go and show documents, the people complained about why this was being made difficult.
- Produce and prohibit the export of medical devices for handling COVID-19 from meeting domestic needs first so that needs such as Personal Protective Equipment (PPE), thermometers, alcohol, and hand sanitizers are fulfilled.

Since December 31, 2019, through the CDC, Taiwan has started implementing a COVID-19 prevention strategy, namely:

- Surveillance and Laboratory Diagnosis, surveillance and laboratory diagnostics related to COVID-19.
- Border Controls and supervision of people entering and leaving the border.
- Control of Community Transmission and supervision in the community. For example, in public places is provided hand sanitizers, there should be no crowds of more than ten people, and if you do a group, you have to keep your distance.
- Stockpile and Allocation of Medical Supplies, providing adequate medical equipment such as PPE, hand sanitizers, etc.
- Health Education and Fighting Disinformation, even though Taiwan is a democratic country with free information, it is seriously considered and monitored if there is a spread of misleading information related to COVID-19. Sanctions will be given if someone spreads false information regarding COVID-19.



Although Taiwan is not a member of the WHO, as a responsible member of the international community, Taiwan has reported cases of COVID-19 in Taiwan to WHO. Taiwan carries out international collaboration. Taiwan has also shared information on handling the COVID-19 outbreak, such as the epidemic situation, patient travel and contact history, and border control measures with other countries.

Taiwan continues to cooperate with other countries in fighting COVID-19. Taiwan participates in several activities organized by WHO, such as attending the Global Research and Innovation Forum online and some teleconference clinical and infection control. Taiwan can meet its country's internal needs in handling COVID-19. Even then, Taiwan donates to various other countries by providing masks and PPE to Italy, America, Asia, and Indonesia.

Taiwan has budgetary capabilities so that Taiwan can cover the costs needed to handle the COVID-19 outbreak with its budget. Taiwan's industry and economy are still running well despite the COVID-19 outbreak. Public trust in domestic products is very high.

On the other hand, in Indonesia, there has been a mistake in the Indonesian government's policy in handling the COVID-19 pandemic (Almuttaqi, 2020). At a time when other countries are trying to slow the spread of COVID-19 by limiting travel to and from abroad, at the same time, the Government of Indonesia is preparing IDR 72 billion to promote Indonesia as an alternative tourist destination for those who have canceled trips to China, Korea, and Japan (at the time the three most affected by COVID-19 ). Patients with COVID-19 in Indonesia have continued to increase since the first time a patient with COVID-19 was confirmed, namely on March 2, 2020 (Warsilah, 2020). The number of COVID-19 sufferers in Indonesia as of June 10, 2020, was 34,316 people; 12,129 people recovered, and 1,959 people died (Covid.go.id).

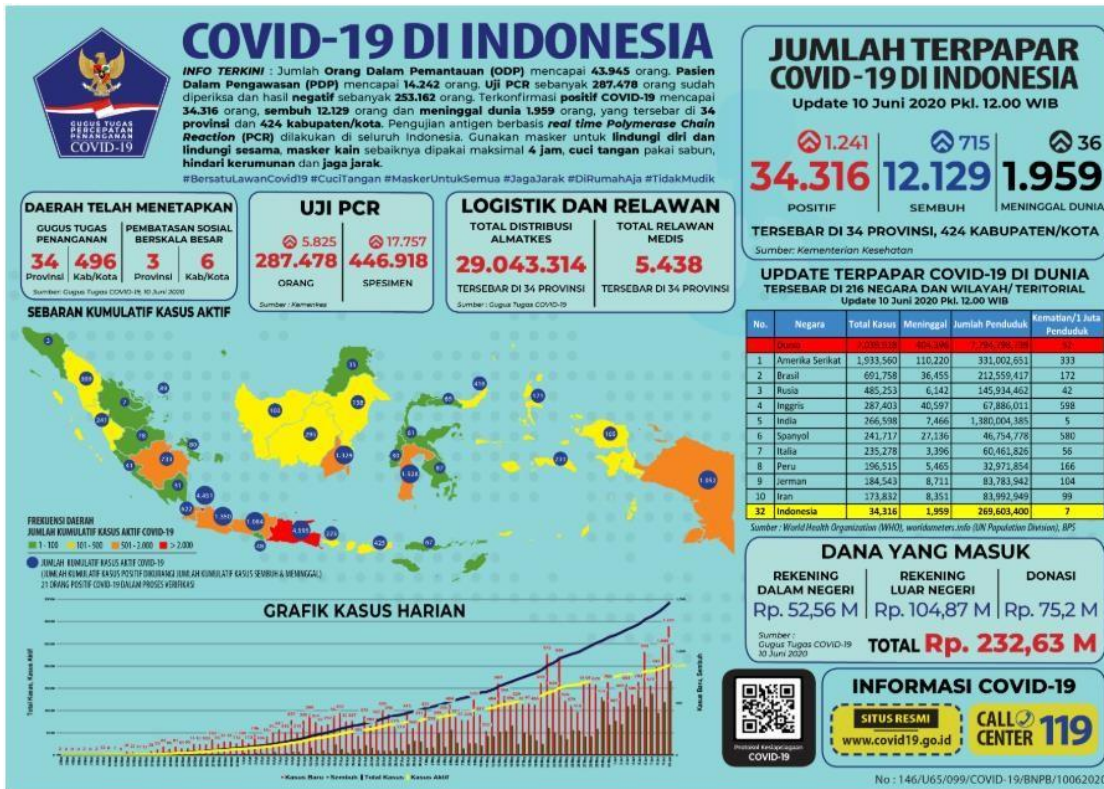


Figure 2. Data on COVID-19 in Indonesia (source:https://covid19.go.id. )

Several Indonesian government policies in handling COVID-19 include:

1. Prepare a government budget of 405T for managing COVID-19.
2. Economic stimulus carried out in the form of assistance such as relief in payment of electricity rates for KWH 450, relief in housing and motor vehicle mortgage loans to leasing agencies and banks, many assistance door packages such as through the Village Fund and have been made as flexible as possible it's just that when the distribution time is different for each region.
3. Existencerapid test, preparation of health facilities and equipment, and health workers.
4. EnactmentWork from HomeAndSchool from Home, Social Distancing, Physical Distancing, Large-Scale Social Restrictions (PSBB), and New Normal Life.

Handling COVID-19 in Indonesia in institutional relations involves several ministries and institutions, including the relationship between the central government and regional governments. Institutional considerations in managing COVID-19 apply the Ministry of Health, Ministry of Home Affairs, ministries/agencies (Ministry of Foreign Affairs, Ministry of Transportation, Ministry of Village, Ministry of Administrative and Bureaucratic Reform, Ministry of Religion, Ministry of Education and Culture, Ministry of Finance, Ministry of Industry, Ministry of Trade, BUMN, Kominfo, TNI, and Polri), and Regional Governments (Provincial/District / City) under the coordination of BNPB. These institutions will influence the central government's policies toward regional governments and the existence of provincial/regency/city regional governments as executors.

According to Prasajo (2020), several problems related to institutional relations for handling COVID-19 include regulation, authority, and coordination between the central government and local governments. The problem that arises is the existence of various laws and regulations that are debated in government. Perspectives on regulations must be translated into the implementation process because they involve regulations and bureaucracy in government. Several related regulations include Law/UU 4/1984 related to Outbreaks of Infectious Diseases; Law 24/2007 about Non-Natural Disasters; and Law 6/2018 regarding Public Health Emergencies and Quarantine.

The problem between the central and regional governments is related to the division of authority in handling the COVID-19 outbreak. Law 23/2014 regarding Regional Government and Law 6/2014 concerning Villages regulates power distribution for implementing government affairs from the central and regional governments. The position of governors as regional heads and representatives of the central government, and regents/ mayors as heads of autonomous regions in handling the COVID-19 outbreak.

Several regions are taking different steps in handling COVID-19. For example, the Province of West Sumatra is conducting COVID-19 tests on many residents using the APBD as preventive measures, but several regions are not ready to handle COVID-19. Furthermore, it is also related to how the budget allocation is linked to the 2020 APBN, 2020 APBD, and 2020 APBDesa and refocusing the budget.

Then, there is an asymmetry in regulations that have been set so that there is doubt in the government's decision-making. Which law is appropriate and effective to be used

in handling COVID-19. Does it use the law on disaster management, which is called non-natural disasters, or use the law on health sovereignty. Meanwhile, there is also a regional government law for implementation in the regions. Some of the regulations made in handling COVID-19 are Presidential Decree 7/2020 (Task Force), Presidential Decree 9/2020 (Task Force), SE Mendesa 8/2020 (Covid Response Village), Perppu 1/2020 (State Finance for COVID-19 ), PP 21/2020 (PSPB for COVID-19), Presidential Decree 11/2020 (Public Health Emergency), Presidential Instruction 4/2020 (Refocusing Activities, Budget Reallocation), Inmendagri 1/2020 (Refocusing Budget at Pemda), Presidential Decree 54/2020 (Changes in State Budget Posture and Details), Presidential Decree 12/2020 (National Disaster Determination). However, several Presidential Decree regulations are still not in sync.

In addition, until now, there is still no clarity on whether the handling of the COVID-19 outbreak is a matter of health affairs as stipulated in Law 23/2014 and Law 6/2018 regarding health quarantine or is a disaster matter as specified in Law 23/2014 and Law 24/2007. If handling the COVID-19 outbreak is a health matter following Law 6/2018, then the handling is centralized. Therefore, all regulatory policies and their implementation are the authority of the center, in this case, the Ministry of Health. Its implementation involves the regions so that the areas can assist in implementing this health law on the principle of co-administration. Meanwhile, if the handling of the COVID-19 outbreak is included in Law 24/2007 related to Emergency Response, then the handling is centralized by the President, in this case, BNPB. But, assistance because this law opens space with the principle of decentralization. There is autonomy given to the regions to carry out some tactical steps in disaster management. These two laws are different. Law 6/2018, complete centralization of co-administration tasks. Meanwhile, Law 24/2007 is centralized with the principle of decentralization, with implementation by the province/district/city so that it can be said that there is disagreement, disobedience, inconsistency, and disharmony in the administration of government affairs from the various laws. Whether the co-administration principle doesn't work effectively or the decentralization principle.

Another problem is weak institutional coordination. The prominent leader in handling the COVID-19 outbreak in Indonesia is unclear. Is the main leader of the

Ministry of Health using Law 6/2018 or PNPB with Law 24/2007. However, if you look at the delegation of authority by forming the current Task Force for the Acceleration of Handling COVID-19, the prominent leader is PNPB following Presidential Decree 7/2020 and Presidential Decree 9/2020 and then determined by Presidential Decree 12/2020 regarding non-natural national disasters. However, Presidential Decree 12/2020 regarding the designation of non-natural disasters as national disasters does not include national emergency response as stipulated in Law 24/2007. There is no overlapping because it has been specified in the PSBB in PP 21/2020.

The Task Force for the Acceleration of Handling COVID-19 was formed and carried out tasks based on Presidential Decree 7/2020 and Presidential Decree 9/2020. However, the Presidential Decree does not stipulate the authority of the Task Force for the Acceleration of Handling COVID-19 to make administrative decisions and actions in handling the Covid 19 Outbreak. In fact, for effective implementation of tasks, there must be a Presidential Decree which regulates the authority to make administrative decisions and actions so that decisions can be taken the right decision. In addition, Presidential Decree 7/2020, Presidential Decree 9/2020, and Law 24/2007 do not contain the tasks assigned to each. Government agencies involved include transportation, trade, industry, religion, the state apparatus, etc. Handling the COVID-19 outbreak involves many levels of government, from the central government to matters that fall under the regional government's authority.

An example of a study conducted by Aulia (2020) regarding the effectiveness of PSBB implementation in handling the COVID-19 outbreak. According to Aulia, the PSBB carried out by the central and regional governments did not go well. There are overlapping policies and a lack of institutional coordination between the central government, the Ministry of Health and BNPB, and provincial and district/city regional governments. The PSBB arrangements in PP Number 21 of 2020 and Permenkes Number 9 of 2020 are not carried out thoroughly. There is no coordination between the central and local governments because they only include PSBB criteria and procedures for determining PSBB status from the Ministry of Health. This regulation does not yet contain the implementation of PSBB operations by the local government.

According to Prasojo (2020), it is necessary to issue a Presidential Regulation regarding managing public health emergencies for COVID-19 as a non-natural national

disaster. This regulation combines several laws and regulations related to health, handling infectious disease outbreaks, and disaster management. This Presidential Regulation will later regulate the status of addressing the epidemic as a matter of general administration. Also, it binds institutional relations between ministries/agencies, relations between the central government and provincial and district/city governments, and funding. As the head of government, the President has the role of the prominent leader who the Coordinating Ministers will assist as the chief executive officer. For disaster management, such as logistics distribution and social interaction in the community). Governors/regents/mayors, following Law 23/2014, can also be appointed as representatives of the central government and as vertical agencies in the regions that will carry out assistance tasks according to the conditions, potential, regulations, and needs of each area which are different in handling COVID-19. Various problems related to institutions and rules and inputs provided to synchronize central/provincial/regency/city government relations and various existing legal regulations tend to be confusing in their implementation.

Understand further the institutional relationships in public administration by identifying their similarities and differences. Compared to Indonesia and Taiwan, there is a considerable difference in area and population, with no apple to apple. This means that this affects the handling or policy of COVID-19.

1. Taiwan's area and geographical conditions are minor, centered on one large island with several small islands. In contrast to Indonesia, which has many provinces and districts/cities, many actors and government institutions are involved. This is related to the reach of the government. The countries of Taiwan and West Java Province can be compared from the similarity in area and population. Indonesian government policies cover 34 provinces and 514 districts/cities.
2. Total population, population demographics, and heterogeneity. Even though Taiwan consists of several tribes, Indonesia is more heterogeneous, making it difficult and handle and may even be less good.
3. The small area and population make it relatively more manageable for the Taiwan government to provide services and control to the maximum level of its people, not as complex as in Indonesia.

The size of the area needs to be considered in comparing public administration because this is important in the government's reach to overcome the dynamics and problems that occur in a region. The intervention of the governments of Indonesia and Taiwan from the side of the area alone is not a perfect comparison fair.

However, there are several similarities between Indonesia and Taiwan, including politically. Taiwan and Indonesia are fellow countries that adhere to a democratic system. So that the process of producing government policies is the same, namely through the approval of government agencies, legislative, judicial, and executive decisions. Taiwan adheres to a multi-party democratic system, similar to Indonesia and only ten years different from Indonesia, which began in 1998 with multi-party democratization. Economically Taiwan is also not like the economies of developed countries. There are still residents who do not have a home or become homeless.

However, crime-related problems are relatively non-existent. The social issues sometimes occur are those who get drunk and run over people. It is essential to underline if Indonesia wants to learn about management, supervision, and control in handling the COVID-19 outbreak from the policies taken by the Taiwanese government. It is a good thing. Currently, there have been no new cases of COVID-19 found in Taiwan. In Taiwanese cities, many residents are already walking around in public places without wearing masks. People are no longer worried. It's like normal conditions. This is Taiwan's advantage compared to Indonesia, which is currently struggling to deal with COVID-19. Lesson learned from Taiwan's success in implementing it in Indonesia, it must pay attention to and adapt to Indonesia's conditions, such as population, area, and resources. Then Indonesia can also learn from Taiwan regarding control and distribution of authority. Indonesia still has many problems and failures in handling the COVID-19 outbreak, so it takes great effort to control, supervise and provide services managing the COVID-19 outbreak.

Another factor influencing Taiwan's success in handling the COVID-19 pandemic is the availability of valid Taiwan population data. Big data in Taiwan is used for controlling COVID-19 so that reports of COVID-19 cases come in from every hospital and the community. In Taiwan, there are many hospitals; every two bus stations, there is a hospital. Taiwan is very aware of the importance of health, so that the number of hospitals is considered and the number is also sufficient. Then, the budget for handling COVID-19

in Taiwan is more significant than in Indonesia. Indonesia needs a 405T budget to deal with the COVID-19 outbreak, which is met through the state budget and foreign loans. Another problem is the invalid population data in Indonesia. Data in various ministries and agencies sometimes differ. Existing data has not been synergistically integrated and coordinated between ministries and agencies.

## **Conclusion**

Along with globalization, accelerating the speed and frequency of the spread of infectious diseases, the COVID-19 epidemic anywhere can easily and quickly become a global problem in every country. It is essential to consider various policies in controlling the spread of COVID-19. The COVID-19 outbreak shows the state of the governance of a country in handling the COVID-19 outbreak (Hardjosoekarto, 2020). Taiwan is a country that has succeeded in implementing policies to reduce the spread of the impact of COVID-19. The policies pursued include inter-agency coordination, information management strategies, and using valid data. Meanwhile, Indonesia still struggles to handle the COVID-19 outbreak, which continues to increase in transmission and its victims.

There are similarities in the policies taken by the governments of Taiwan and Indonesia in handling COVID-19 from an institutional perspective, that is, together form a task team that involves several institutions and human resources. However, there are differences between Taiwan and Indonesia from this institutional perspective. In Taiwan, the command for handling the COVID-19 outbreak is under the control of the Minister of Health and Welfare.

Coordination and inter-agency relations are going well according to their duties. Clear regulations serve as a reference in handling the COVID-19 outbreak in Taiwan. Meanwhile, in Indonesia, the Task Force for the Acceleration of Handling COVID-19 is led by the Head of BNPB and oversees several ministries and agencies, including the Ministry of Health, the Ministry of Home Affairs, and the Ministry of Defense. Judging from the availability of facilities and the policy flow system, the Ministry of Health and the Ministry of Home Affairs already have institutions in all provinces and districts/cities. Ministry of Health, with its network of hospitals and health workers, and The Ministry of



Home Affairs, with the provincial government heads, governors, and regents/mayors down to the village and sub-district levels, will facilitate handling this outbreak. When viewed from the existing regulations regarding handling this outbreak, there is a lack of synchrony regarding who is in charge and who is at the helm. Is it the Minister of Health, the Minister of Home Affairs, or BNPB, BNPB decides it. There are still overlapping authorities, institutional relationships, and regulations that are still an obstacle in handling the COVID outbreak in Indonesia. In addition, Indonesia still has problems with the availability of valid data. There are out-of-sync data on COVID-19 sufferers between the center and the regions. Several agencies released information related to COVID-19, which should have been the same information from the BNPB Task Force, confusing information.

### References

- Almuttaqi, I. (2020). The omnishambles of COVID-19 response in Indonesia. *The Insight*, No. 13/23 March 2020. Habibie Center. from [https://www.habibiecenter.or.id/img/publication/4210e17bd7d6d8d29223ec\\_f1412e.pdf](https://www.habibiecenter.or.id/img/publication/4210e17bd7d6d8d29223ec_f1412e.pdf), access on June 10, 2020.
- Aulia, S. T. (2020). Diskursus penanganan COVID-19 oleh pemerintah pusat dan daerah: Efektifkah kebijakan Pembatasan Sosial Berskala Besar (PSBB) diterapkan? Fakultas Hukum Universitas Padjajaran Bandung. from <http://fh.unpad.ac.id/embed/> access on May 30, 2020.
- Cheng, S., Chang, Y., Chiang, Y. F., Chien, Y., Cheng M., Yang, C., Huang, C., & Hsu, Y. (2020). First case of Coronavirus Disease 2019 (COVID-19) pneumonia in Taiwan. *Journal of the Formosan Medical Association*, 119, 747-751.
- Dalgish, S. L. (2020). COVID-19 gives the lie to global health expertise. *The Lancet Journals*, 395(10231). DOI: [https://doi.org/10.1016/S0140-6736\(20\)30739-X](https://doi.org/10.1016/S0140-6736(20)30739-X).
- Djalante, R., Lassa, J., Setiamarga, D., Sudjatma, A., Indrawan, M., Haryanto, B., Mahfud, M., Sinapoy, S. S., Djalante, S., Rafliana, I., Gunawan, L. A., Surtiari, G. A. K., & Warsilah, H., (2020). Review and analysis of current responses to COVID-19 in Indonesia: Period of January to March 2020. *Progress Disaster Science*, 6, 1-9.

- Hardjosoekarto, S. (2020). COVID-19 dan birokrasi digital di Taiwan. News Detik. from <https://news.detik.com/kolom/d-4987870/COVID-19-dan-birokrasi-digital-di-taiwan> access on June 10, 2020.
- Prasojo, E. (2020). *Manajemen penanganan COVID-19 dalam aspek hubungan kelembagaan dan hubungan pusat dan daerah*. Tim Policy Brief UI. Obtained in the LIPI Jakarta Political Research Center Webinar with the theme “Relasi Pusat dan Daerah dalam Mengatasi COVID-19” access on 22 April 2020.
- Wang, C. J., Chun, Y. N. & Brook, R. H. (2020). Response to COVID-19 in Taiwan big data analytics, new technology, and proactive testing. *Jama*, 323(14), 1341-1342.
- Wicaksana, K. W. (2020). *Komparasi administrasi publik Indonesia dan Taiwan dalam penanggulangan COVID-19*. Universitas Parahiyangan Bandung. Obtained in Webinar “Komparasi administrasi publik Indonesia dan Taiwan dalam penanggulangan COVID-19” Unpar, Bandung on May 18, 2020.